A+ After-Action Reports

Crafting Effective & Easy After-Action Reports

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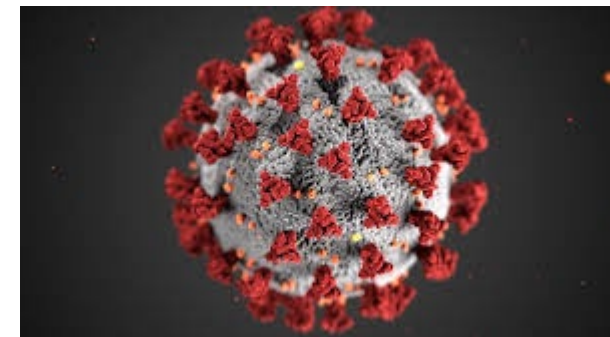September 2024

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Presenter

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Ms. Gutierrez is an Environmental Health & Safety Specialist III at Sutter Delta Medical Center. At Sutter Health, Ms. Gutierrez manages safety programs, including emergency management for acute care facilities. Previously, Ms. Gutierrez was an emergency preparedness coordinator for county health departments. With certifications in health care environmental management and experience in both government agencies and hospitals, she brings a comprehensive approach to health care regulatory compliance and emergency preparedness programs.

Disclosure of Relevant Financial Relationships

Janet Gutierrez, BA, HEM reports no relevant financial relationships or relationships she has with ineligible companies of any amount during the past 24 months.

The Ongoing Work: From Chaos to Comprehensive AARs

…And the inevitably growing Improvement Plans

Agenda

1. After-Action Report (AAR) Basics

2. Leveraging Resources to Write an AAR

3. After-Action Review/Hotwash

4. Tech Tips for AARs

5. Creating the Improvement Plan and Tracking Completion

6. Completing the Improvement Plan

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The Basics of After-Action Reports (AARs)

& Considerations for Hospital Regulations

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After-Action Reports:

Provide a detailed critical summary or analysis of an exercise or actual emergency. The report summarizes what took place during the event, analyzes the actions, and identifies areas needing improvement. Its purpose is to recognize strengths, determine areas of improvement, and generate potential corrective actions.

The review and evaluation addresses the effectiveness of its emergency response procedures, program, plans, and training.

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Why use it?

Documents the event

Captures feedback from all

Evaluates your program, policies, and plans

Great tool for program improvement

It is regulatory document

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Homeland Security Exercise and Evaluation Program (HSEEP)

For Hospitals…

Exercises should be designed to incorporate The Joint Commission six critical areas

Hospitals should participate with community partners

Multidisciplinary Emergency Management committee reviews and evaluates all exercises and real emergencies

For Hospitals: EM 16.01.01

The Joint Commission

Exercise and Testing

Conducting emergency exercises is an essential part of testing and assessing all the facets of the emergency operation plan (EOP) policies and procedures. Exercise should be designed to incorporate the **six critical areas…**

EOP – Six Critical Areas

Communication	Staffing	Utilities
Security & Safety	Resources & Assets	Patient Clinical & Support

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Objective 3:

- Objective 3.

Exercised Core Capabilities: [List applicable FEMA Core Capabilities]

Exercised Joint Commission Critical Area: ☐ Communications ☐ Resources & Assets ☐ Safety & Security ☐ Staff Roles and Responsibilities ☐ Patient Clinical & Support Care Services ☐ Utilities Systems

General AAR Contents

- Date, Time Frame/Duration, and Location of the Event
- Name and Type of Exercise
- Participants and Agencies
- Scenario
- Objectives Tested
- Analysis/Evaluation of the Outcomes: Strengths and Areas of Improvement
- Improvement Plan: Recommended Corrective Actions to be Implemented, Person(s) Responsible, Needed Resources, and Expected Completion Date.
- *Hospitals Must Include 6 Critical Areas*

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General Steps

- ❑ Debrief/capture feedback
- ❑ Use template
- ❑ Create title page
- ❑ Define objectives
- ❑ Add summary/scope/response details
- ❑ Use feedback to evaluate objectives
- ❑ Identify strength and gaps, then create an improvement plan
- ❑ Take to your Emergency Management committee for further input and to finalize

Templates

[Exercise Name]

After-Action Report/Improvement Plan

[Date]

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

EXERCISE OVERVIEW

Exercise Name	[Insert the formal name of exercise, which should match the name in the document header]
Exercise Dates	[Indicate the start and end dates of the exercise]
Scope	This exercise is a [exercise type], planned for [exercise duration] at [exercise location]. Exercise play is limited to [exercise parameters].
Focus Area(s)	[Prevention, Protection, Mitigation, Response, and/or Recovery]
Capabilities	[List the capabilities being exercised]
Objectives	[List exercise objectives]
Threat or Hazard	[List the threat or hazard (e.g. natural/hurricane, technological/radiological release)]
Scenario	[Insert a brief overview of the exercise scenario, including scenario impacts (2-3 sentences)]
Sponsor	[Insert the name of the sponsor organization, as well as any grant programs being utilized, if applicable]
Participating Organizations	[Insert a brief summary of the total number of participants and participation level (i.e., Federal, State, local, Tribal, non-governmental organizations (NGOs), and/or international agencies). Consider including the full list of participating agencies in Appendix B. Delete Appendix B if not required.]
Point of Contact	[Insert the name, title, agency, address, phone number, and email address of the primary exercise POC (e.g., exercise director or exercise sponsor)]

ANALYSIS OF CAPABILITIES

Aligning exercise objectives and capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned capabilities, and performance ratings for each capability as observed during the exercise and determined by the evaluation team.

Objective	Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
[Objective 1]	[Capability]				
[Objective 2]	[Capability]				
[Objective 3]	[Capability]				
[Objective 4]	[Capability]				

Table 1. Summary of Core Capability Performance

Ratings Definitions:

Performed without Challenges (P): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Performed with Some Challenges (S): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.

Performed with Major Challenges (M): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Unable to be Performed (U): The targets and critical tasks associated with the capability were not performed in a manner that achieved the objective(s).

The following sections provide an overview of the performance related to each exercise objective and associated capability, highlighting strengths and areas for improvement.

[Objective 1]
...ngths and areas for improvement for each capability aligned to this objective are ...d in this section.

[Capability 1]
...s
...or partial] capability level can be attributed to the following strengths:
...1: [Observation statement]
...2: [Observation statement]
...3: [Observation statement]
...r Improvement
...wing areas require improvement to achieve the full capability level:

Area for Improvement 1: [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]
Reference: [List any relevant plans, policies, procedures, regulations, or laws.]
Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

Appendix A: IMPROVEMENT PLAN

This IP is developed specifically for [Organization or Jurisdiction] as a result of [Exercise Name] conducted on [date of exercise].

Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					

https://preptoolkit.fema.gov/web/hseep-resources

EXERCISE NAME

EXERCISE TYPE EXERCISE

Conducted: **[START DATE/TIME]** – **[END DATE/TIME]**

AFTER ACTION REPORT/IMPROVEMENT PLAN

[DATE OF REPORT]

OFFICIAL TITLE OF INCIDENT LOCATION OF INCIDENT

RESPONSE START DATE – **RESPONSE END DATE**

AFTER ACTION REVIEW/IMPROVEMENT PLAN

Held: AAR MEETING DATE

A timeline is a great addition to an event summary

EVENT	TIME
Reddinet Received in the ED?	0911
Did staff report up the chain?	0913
Did House sup communicate with AOD?	0915
Was incident commander role filled?	0919
Was there an overhead page?	0920
Was security involved? Were control measures implemented?	0925
Was the Hazmat closet opened?	0919
Was the tent set up	0933
Was the water turned on?	0943
Was the decontamination PPE donned?	0940
Patient arrive?	0954
Patient decontaminated?	1018

Time	Event	Attribution
x	EMT called ED to advise of GSW patient status and concern	EMS to ED
2140	Pt arrived via ambulance and large amount of visitors arrived behind it. House supervisor and Security present	EMS/ED/ Security/ house supervisor
2145	Decision made to lockdown ED	Hospital
2147	Announced overhead	PBX
2147	Police department (PD) contacted	Hospital to PD
2205	PD cleared individuals and concern	PD
2210	House sup and PD decided to clear	PD and Hospital
2212	PBX cleared overhead	PBX

Leverage Resources to Write AARs

Resources & Tools

- **Templates**
- Exercise Evaluation Guides/Exercise Evaluators
- Participants *via*
  - After-Action Review (Hotwash)
  - Feedback Forms
  - Electronic Surveys
- *Technology*

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Exercise Evaluation Guide (EEG)

Organizational Capability Target	Associated Critical Tasks	Observation Notes and Explanation of Rating	Target Rating
[Insert Organizational Capability Target 1 from page 1]	• [Insert Organizational Capability Target 1 Critical Tasks from page 1]	[Observation notes and explanation of rating]	[Target rating]
[Insert Organizational Capability Target 2 from page 1]	• [Insert Organizational Capability Target 2 Critical Tasks from page 1]	[Observation notes and explanation of rating]	[Target rating]
[Insert Organizational Capability Target 3 from page 1]	• [Insert Organizational Capability Target 3 Critical Tasks from page]	[Observation notes and explanation of rating]	[Target rating]

Final Core Capability Rating: [Enter Total Rating here]

Evaluator Information
Evaluator Name: [Insert]
Evaluator Email: [Insert]
Evaluator Phone: [Insert]

Ratings Key
P: Performed without challenges
S: Performed with some challenges
M: Performed with major challenges
U: Unable to be performed

Set Yourself and Evaluator Up For Success!

- Edit EEG to fit your AAR contents
- Choose a Subject Matter Expert (SME) as an evaluator
- Set them up for success
- Train them prior to exercise
- You can ask them to type it as well to then copy and paste into AAR

After-Action Review

Aka Hotwash

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A few considerations

Have an agenda

You should lead, guide, and moderate

Ask for what went well first

Include all participants, evaluators, external partners, etc.

Can be done in-person or virtual

Conduct immediately while the information is fresh

Take notes

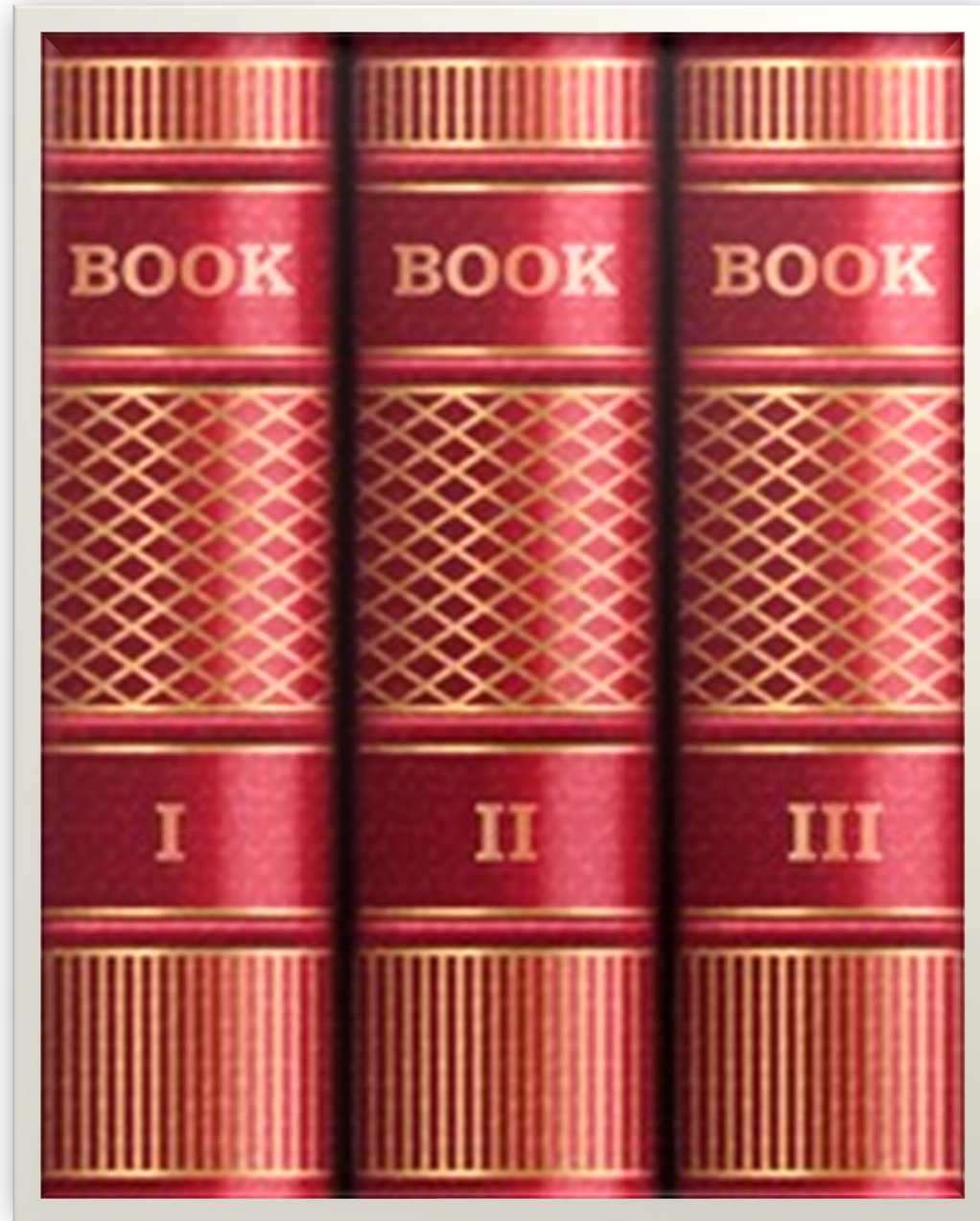Depending on event type, may need more than one. *(e.g., public health emergencies can be longer response events)*

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You can have more than one hotwash and report for long-term events

Feedback forms

After Action Report/Improvement Plan for Incidents (AAR/IP)

Location of Incident
Official Title of Incident

APPENDIX B: PARTICIPANT FEEDBACK SUMMARY

Individual feedback forms were sent out to Sutter Health personnel and others for feedback. The information was collated with the results listed below.

After collating feedback forms, review comments and develop common themes based on each phase described below.

Phase 1: Initial Activation/Mobilization
Things that went well
-

Areas for Improvement
-

Phase 2: Operations
Things that went well
-

Areas for Improvement
-

Phase 3: Demobilization
Things that went well
-

Areas for Improvement
-

For long-term responses, collect feedback periodically throughout the event.

Emergency Code After Action Report Survey

Thank you for all your work to respond to this emergency code activation. The emergency management program aims to collect information to draft an After Action Report and Improvement plan. In order to fully evaluate our response and identify areas for improvement please fill out this survey on
Fill out the basics details and then tell us What worked well? AND What are specific areas that could use improvement?
by the following critical areas of Emergency Management: * some may be N/A
- Incident Command
- Communication
- Resource and Assets
- Safety and Security
- Staff Roles and Responsibilities
- Utility Systems
- Patient Clinical and Support Care Activities

* Required

1. Name and Department *

Enter your answer

4. In regards to **Incident Command**: **What worked well? What are specific areas that could use improvement?** (HICS chart, forms, Command center location, roles)

Enter your answer

5. In regards to **Communications**: **What worked well? What are specific areas that could use improvement?** *(including internal and external communication; communication methods, etc.)*

Enter your answer

6. In regards to **Resources and assests:** **What worked well? What are specific areas that could use improvement?** *(resources and assets includes staff, food, equipment, supplies, PPE, Bio med equipment, , generator, etc.)*

Enter your answer

7. In regards to **staff roles and responsibilities:** **What worked well? What are specific areas that could use improvement?** *(this topic includes management of staff roles and responsibilities in the response, roles of sutter health system, roles of command center)*

Enter your answer

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Tech Tips

For AARS

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Electronic Survey to collect Feedback

- You can reach more people (*ex. Frontline hospital staff)*

- Easily share via email

- QR code can be printed and posted

- Can be completed from smartphone

- You can send out several times

- People may feel more comfortable voicing feedback electronically

- You can easily copy and paste responses into your AAR

- Responses are saved

Emergency Code After Action Report Survey

Example

Artificial Intelligence

- AI technologies can transform workflows and significantly improve efficiency.

- Tools like ChatGPT, Google Gemini, and Microsoft Bing are free and accessible through web browsers and mobile devices.

- *Important Caution: Ensure no PHI or business-sensitive information is entered.*

Scenario and Objectives

Scope for AAR

... with pharmacy, laboratory, and imaging departments to ensure continuous patient care and safety.

Objectives to Test:

1. Assess the staff's ability to efficiently transition from electronic to manual documentation and maintain accurate patient records.

2. Evaluate the effectiveness of communication protocols between departments during EHR downtime to ensure timely patient care.

3. Test the hospital's contingency plans for accessing critical patient information, such as allergies and medication lists, during an EHR outage.

4. Measure the impact of the EHR downtime on patient care delivery times and overall hospital workflow.

Message ChatGPT

ChatGPT can make mistakes. Check important info.

?

Turn feedback into evaluations and corrective actions

Improvement Plan Creation

With your committee and key stakeholders

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Improvement Plan

Appendix A: IMPROVEMENT PLAN

This IP is developed specifically for [Organization or Jurisdiction] as a result of [Exercise Name] conducted on [date of exercise].

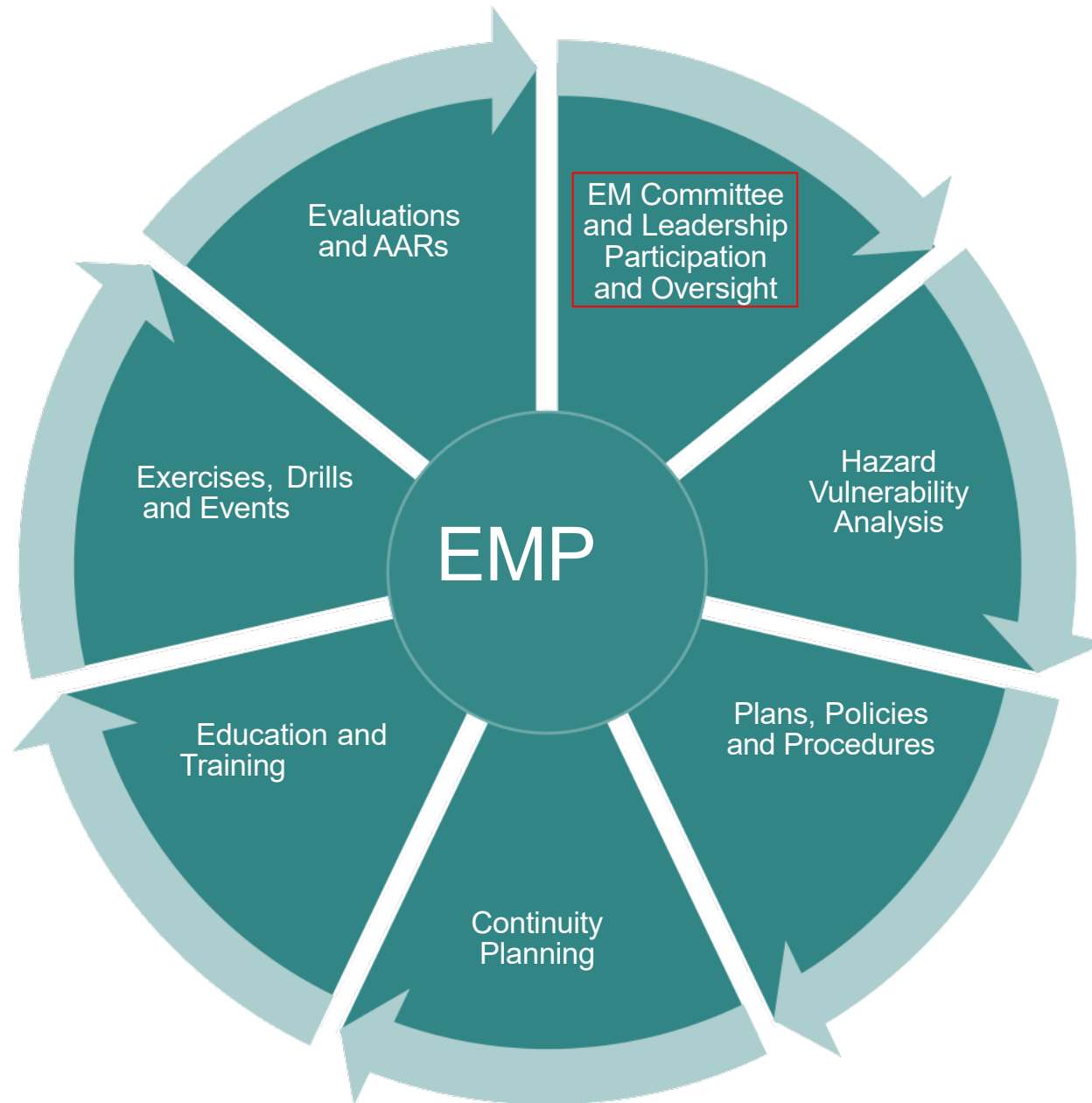| Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 2]					
Capability 1: [Capability Name]	2. [Area for Improvement]	[Corrective Action 1]					
Capability 1: [Capability Name]	2. [Area for Improvement]	[Corrective Action 2]					
Capability 2: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
Capability 2: [Capability Name]	1. [Area for Improvement]	[Corrective Action 2]					
Capability 2: [Capability Name]	2. [Area for Improvement]	[Corrective Action 1]					
Capability 2: [Capability Name]	2. [Area for Improvement]	[Corrective Action 2]					

Involve your EM committee to complete!

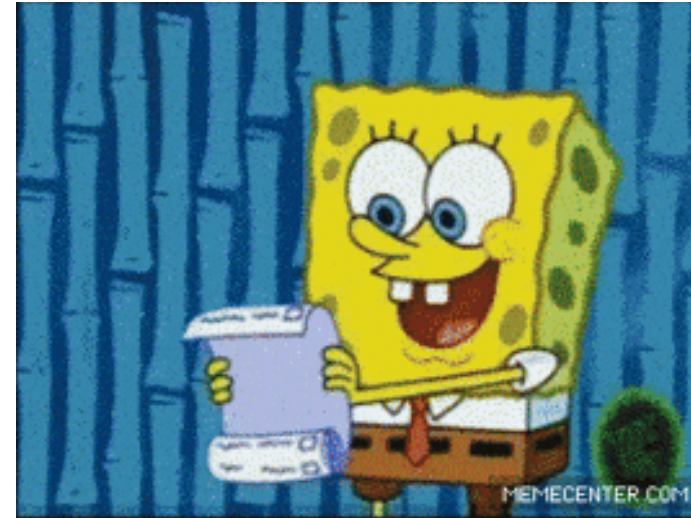| Area	Gap	Corrective Actions Identified	Responsible	Date Completed/Tested
Communication				
Resource and Assets	Post- decontamination gowns not used. Location of privacy screen unclear and not brought out.	*Tour of ED trailer and Hazmat supply closet during next HICS refresher.* *Location of privacy screen to be added in checklist.*	*Safety*	
Safety and Security	It was hot and needed water for staff, especially those suited.	Dietary to be involved in response to provide water- can be added to policy and checklist	Safety/Dietary	
	Decontamination started outside of the tent – so water was not contained. Roles not clear. Need practice. Staff did not decontamination themselves after.	Next years training will focus on the decon team roles vs tent set up. Recommended to also have a sign for each role (triage, strip, bag, wash, etc.)	Safety/ FRO FRA Team	
	Long delay in looking up the SDS for the chemical	To add SDS look up and link to SDS app on checklist	Safety	
Staffing Roles & Responsibilities	Lack of ED staff/charge taking the drill seriously	More trained ED staff. System workgroup working on streamlining training requirements as well.	ED / IRM	
Utility Management	When water was turned on, it was dirty – we learned we need to let it run for a few minutes before hand.	Add note to checklist	Safety/Engineering	
Patient Clinical & Support				

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Tips

- Don't complete it on your own, engage others, especially a committee, SMEs, and leaders.
- Delegate assignments – don't assign them all to yourself.
- Group gaps together into singular or similar corrective action.
- Assign to department or role vs. person.
- Keep a Tracker separate from the AAR to easily track completion.

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After Action Report Name	Date	Gap identifed	TJC Critical Area	Corrective Action	Priotity Level	Assignment	Status	Date of Completion
Decon Set Up Fucntional Drill	May-24	The hazmat closet has ED code lime carts, blocking access to some supplies.	Resources and Assets	*Remove/relocate to EM trailer*	Green	ED	Not Started	
		Did not have sufficents, hoses, self decon kits, soap, chairs for staff to sit while donning	Resources and Assets	Purchased needed supplies from Grainger and stock	Yellow	Safety	Complete	1-Jun
		We could not find nor operationalize the sump pump	Utility Systems	Locate and test Sump pump	Red	Engineering	Complete	1-Jun
		Only engineering has key to water	Utility Systems	Make copies of key, training House supervisors, pro	Yellow	Engineering, House Sup, Safety	In Progress	
		PAPRS will soon be due for annual PM	Resources and Assets	Complete annual PM.	Yellow	Biomed	Complete	30-Jun
Full Scale Decon Exercise	Jun-24	Location of privacy screen unclear and not brought out.	Resources and Assets	Location privacy screen to be added in checklist and tour EM assests during house supervisor skills fair.	Green	Safety	In Progress	
		It was hot and needed water for staff, especially those suited.	Safety and Security	Dietary to be involved in response to provide water- can be added to policy and checklist	Yellow	Safety/Dietary	Not Started	
		Decontamination started outside of the tent – so water was not contained. Roles not clear. Need practice. Staff did not decontamination themselves after	Staff Roles and Responsibilit	Next training will focus on the decon team roles vs tent set up.Recommended to also have a sign for each role (triage, strip, bag, wash, etc.)	Yellow	Safety/FRO FRA team	Not Started	
		Long delay in looking up the SDS for the chemical	Staff Roles and Responsibilit	To add SDS look up and link to SDS app on checklist	Red	Safety	Not Started	
		When water was turned on, it was dirty – we learned we need to let it run for a few minutes before hand.	Utility Systems	Add note to checklist. Communicate finding to Engin	Black	Safety/Engineering	In Progress	

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Implementing the Improvement Plan

Before this list gets longer!

- **Triage the tasks!** Ask your committee which items are a priority.
- **Keep as a running agenda item** in your committee or meetings with key stakeholders (e.g., EM Committee).
- **Escalate** to higher committee if needed (e.g., EOC Committee).

Corrective Action	Priotity Level	Assignment	Status
Remove/relocate to EM trailer	Green	ED	Not Started
Purchased needed supplies from Grainger and stock	Yellow	Safety	Complete
Locate and test Sump pump	Red	Engineering	Complete
Make copies of key, training House supervisors, pro	Yellow	Engineering, House Sup, Safety	In Progress
Complete annual PM.	Yellow	Biomed	Complete
Location privacy screen to be added in checklist and tour EM assests during house supervisor skills fair.	Green	Safety	In Progress
Dietary to be involved in response to provide water- can be added to policy and checklist	Yellow	Safety/Dietary	Not Started
Next training will focus on the decon team roles vs tent set up.Recommended to also have a sign for ilit **each role (triage, strip, bag, wash, etc.)**	Yellow	Safety/FRO FRA team	Not Started
ilit **To add SDS look up and link to SDS app on checklist**	Red	Safety	Not Started

- Can **funding opportunities** address any of the gaps?
  - Grants, philanthropy, HPP partners, other department budgets
- **Engage senior leaders** in your organization
- **Engage Medical Staff/Leaders**

Leadership in TJC EM Chapter

EM.10.01.01 EP 1& EM.17.01.01 EP 2

1. Focuses on the oversight and involvement of ==senior leaders, leaders of the medical staff, and department== leaders …

2. AAR/IPs identify opportunities for improvement and recommended actions – sent to **senior leadership** for review

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Lastly, collaborate with others!

If you have identified an issue, other organizations might have the same issue. Even better… they could have a solution for it already or resources to share!

Questions?

Thank you!

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